



100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/16/2011



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I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Architect under the laws of the State of Minnesota.

Signature

Registration No.

Date

| | | | |
|-----------------------------------|------|----------------------------------|------|
| APPROVED SERVICE LINE DIRECTOR | DATE | APPROVED INFECTION CONTROL NURSE | DATE |
| APPROVED GENE COORDINATOR | DATE | APPROVED PATIENT SAFETY | DATE |
| APPROVED PROJECTS SECTION MANAGER | DATE | APPROVED CHIEF OF POLICE | DATE |
| APPROVED DIRECTOR FMS | DATE | APPROVED SAFETY MANAGER | DATE |

| | |
|-----------------------------------|------|
| DRAWING TITLE INTERIOR DETAILS | |
| APPROVED CHIEF OF STAFF | DATE |
| APPROVED MEDICAL CENTER DIRECTOR | DATE |

| | | |
|------------------------------------------------------------|--------------------|-------|
| PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT | DATE 12/16/2011 | |
| BUILDING No. | CHECKED BY | DRAWN |
| LOCATION 4801 VETERANS DRIVE, ST CLOUD MN | Author | DATE |

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|----------------------------|--------------------|
| PROJECT NO. 1027.001.00 | CAD FILE |
| DRAWING NO. AS922 | DATE 12/16/2011 |

